

# WESTON REGION 5 START

## EMERGENCY RESPONSE

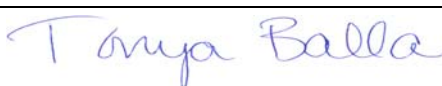
### SITE HEALTH AND SAFETY PLAN

*This Health & Safety Plan is strictly for Emergency Response (non-CBRN ERs), if site activities turn into a longer Site Investigation/ Assessment or Removal, WESTON's standard Health & Safety Plan needs to be generated and approved. This Health & Safety Plan is valid for 72 hours unless site conditions change. Contact the START Safety Officer to update or revise the plan.*

#### 1. SITE INFORMATION

Prepared by: Sean M. Kane	TDD: TBD	WO:TBD	Date Prepared: 1-29-13
ER Initial Call (Date/ Time): 1-29-13 1210 Hours	ER Date: 1-29-13	OSC R1 (Name/ Number): Ralph Dollhopf/231-301-0559	OSC R2 (Name/ Number):
Site Name and Contact: Arrow Roofing and Sheet Metal 520 Wellington St. Traverse City, MI 49686		START R1 (Name/ Number): Eric Benson/(231) 499-1151 (231) 342-0360	START R2 (Name/ Number): Brian Ross 231-631-3834
Site Address:		START PM (Name/ Number): Lori Kozel 586-524-0613	START FSO (Name/ Number): Eric Benson 231-342-0360
Site History:  Arrow Roofing and Sheet Metal is a privately owned company that provides roof consulting services.		Current Site Information:  After more than 5 hours on the scene, Traverse City firefighters are in the process of rolling up hoses and securing the building, which is home to Arrow Roofing and Sheet Metal.  They were able to contain the blaze and save a portion of the inside of the business, but there is widespread smoke and water damage. Initial reports is that 4 pallets with 45 four gallon pails each containing Thermal Plastic Polyolefins (TPO) were destroyed in the fire.	
Scope of Work:  Perform tasks as per OSC Direction which may include but not limited to air monitoring, air sampling, multi media sampling (i.e. source product(s), soil, wipe samples, water runoff from fire fighting activities, sewers both storm or sanitary) General oversight documentation of cleanup activities (Photo and/or Video and Written) and assessment of present site conditions.			

#### 2. REVIEW AND APPROVAL

	Name	Signature	Date
Reviewed and Approved by: SO/DSM/CHS	Tonya Balla		1/29/13
Reviewed by: FSO/ Site Manager	Eric Benson / Lori Kozel		1-29-13
Post Response Review by:			
Post Response Approval by:			

### 3. RESPONSE TASKS/ DURATION

Tasks	Duration (Hours/Days)	Tasks	Duration (Hours/Days)
<input checked="" type="checkbox"/> Perimeter Recon	2 Hours	<input type="checkbox"/> Site Entry	
<input checked="" type="checkbox"/> Documentation	12 Hours	<input checked="" type="checkbox"/> Air Monitoring	8 Hours
<input checked="" type="checkbox"/> Multi-Media Sampling	8 Hours	<input type="checkbox"/> Decontamination	
<input type="checkbox"/> Hazcatting		<input checked="" type="checkbox"/> Data Management	TBD

### 4. PHYSICAL HAZARDS TO PERSONNEL

- ☒ *Buddy System* – The buddy or line of sight system is mandatory for all site personnel.
- ☐ *Heat Stress* – The FSO shall generally be guided by the Weston OP in determining work/rest periods. Fluids shall be available at all times and encouraged during rest periods.
- ☒ *Cold Stress* – The FSO shall generally be guided by the Weston OP in determining work/rest periods. Workers shall be provided with adequate warm clothing, rest opportunities and exposure protection. Warm and/or sweet fluids shall also be provided during rest periods.
- ☒ *Precipitation* – Personnel should be aware of the increased risk of slips and falls on wet surfaces as well as exposure effects caused by wet clothing. Personnel should dress appropriately.
- ☒ *Lighting* – Fixed or portable lighting shall be maintained for dark areas or work after sunset to ensure that sufficient illumination is provided.
- ☒ *Work Near Water* – All personnel working in boats, on docks or within 10 feet of water deeper than 3 feet shall wear approved personal flotation devices (PFDs) or work vests and wading boots as appropriate.
- ☒ *High Noise Levels* – Hearing protection shall be used in high noise areas (exceeding 85 dBA – generally where noise levels require personnel to raise their voices to be heard) as designated by the FSO.
- ☒ *Electrical Hazards* – Electrical hazards should be identified on the site work zone map and marked out as appropriate. All electrical equipment should be used with a ground fault circuit interrupter (GFCI).
- ☒ *Trip Hazards* – Open manholes, pits, trenches or similar hazards should be noted on the site map and should be marked off on site as appropriate.
- ☒ *Carbon Monoxide* – Equipment operators shall ensure that personnel do not linger or work near exhaust pipes.
- ☐ *UV Light Exposure* – Personnel should dress so as to cover as much exposed skin as possible. Personnel should use a sunscreen with a protection factor (PF) of 15 or greater and should wear tinted safety glasses.
- ☐ *Helicopter/Airplane Operations* – Pilots shall provide safety briefings for all passengers.

- ☒ *Motor Vehicles* – Drivers shall maintain a safe speed at all times and shall not be allowed to operate vehicles in a reckless manner. Seat belts will be worn. In backing situations where the rear of the vehicle cannot be clearly seen, one person shall act as a ground guide to assist the driver. In situations where ground clearance and soil conditions are not known, one person shall dismount and act as a guide. (Also See Next Page)
- ☒ *Terrain (Slips, Trips and Falls)* – All personnel will exercise due caution when walking through areas of uneven terrain and undergrowth to ensure proper footing.
- ☐ *Ionizing Radiation* – Any encounter with ionizing radiation requires Health Physics support. All START responders must wear personal dosimetry which should consist of a TLD and/or Self-Reading Dosimeter
- ☐ *Non-Ionizing Radiation* – To the extent possible personnel should maintain a minimum distance of 30 feet from devices emitting radio or microwaves.
- ☒ *Underground/Overhead Utilities* – All underground utilities must be marked out prior to conducting intrusive activities. At least 15 feet of distance must be maintained with overhead utilities.
- ☐ *Confined Spaces* – Confined spaces will not be normally entered by response personnel. If a confined space is to be entered, a specific confined space entry work permit will be developed for that operation.
- ☒ *Drum Handling* – Drums must be handled in accordance with 29 CFR 1910.120. Containers must be labeled and constructed in accordance with EPA (40 CFR 264-265, and 300), and DOT (49 CFR 171-178) regulations. Temporary holding/staging areas for drums and other containers shall be constructed to contain spillage, runoff or accidental release of materials. Manual lifting and handling of drums shall be kept to a minimum. To the extent possible, mechanical devices, drum slings or other mechanical assist devices designed for that purpose should be used.

**SEE WESTON FIELD OPERATING PROCEDURES (OPs) FOR ADDITIONAL GUIDANCE**

<i>Vehicle Use Assessment and Selection</i>
<p><i>Driving is one of the most hazardous and frequent activities for WESTON Employees. The most appropriate type vehicle(s) authorized for use on this project is/are:</i></p> <ol style="list-style-type: none"> <li><i>Designated Response Vehicle</i></li> <li><i>Personal/Rental</i></li> </ol>
<p><i>The following Project Team Member's qualifications and experience in driving these types of vehicles was evaluated and found to be acceptable (indicate vehicle type(s) number next to employee name). Team Member's driving the START box truck need to have a road test and DOT physical clearance every 2 years.</i></p> <ol style="list-style-type: none"> <li><i>Eric Benson</i></li> <li><i>Brian Ross</i></li> <li></li> <li>.</li> </ol>
<p><i>The project site was evaluated and a <b>Traffic Control Plan</b> <input type="checkbox"/> is required <input checked="" type="checkbox"/> is not required.</i></p> <p><i>If required, the <b>Traffic Control Plan</b> can be found in Attachment A.</i></p>

## 5. BIOLOGICAL HAZARDS TO PERSONNEL

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- ☐ *Insect Stings* – Hornet, wasp or bee stings, mosquito. Personnel should avoid the nesting areas of these insects. Personnel who are allergic to these insects should carry bee sting kits. Personnel may find repellants containing DEET effective in keeping these insects away.
- ☐ *Poisonous Spiders* – Black widow or brown recluse. Wear gloves when working in areas where these spiders may be present. If bitten, seek medical attention immediately.
- ☐ *Ticks* – Personnel should wear Tyvek when working in wooded areas as a precaution. Barring this, personnel should wear light colored clothing and tuck pants into socks. Personnel should also wear a repellant containing DEET. Personnel should use the buddy system and perform a tick check after exiting wooded areas. Suspected bites should be reported immediately.
- ☒ *Animal Bites* – Personnel should use extreme caution when in contact with strange animals. If bitten, seek medical attention immediately.
- ☐ *Snake Bites* – Personnel should use extreme caution when working in areas known to be inhabited by snakes. Snake leggings or chaps should be worn as a precaution. If bitten, seek medical attention immediately.
- ☐ *Poisonous Plants* – Personnel should use caution when working in wooded areas. Tyvek suits may be worn as a precaution. All personnel should wear Ivy Block.

## 6. TRAINING REQUIREMENTS

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- X 40-Hour HAZWOPER Training.
- X 8-Hour Annual Refresher Training w/ Blood borne Pathogen Training.
- X CPR and First Aid Training.
- 1 Site Health and Safety Supervisor Training (minimum one person on-site).
- ☐ 24-Hour Course for limited, specific tasks with 8-hour supervised OJT.
- ☐ 24-Hour Course for Level “D” site with 8-hour supervised OJT.
- ☐ 10-Hour Construction Safety Training
- ☐ Confined Space Training
- ☐ Competent Person Fall Prevention and Protection Training
- ☐ Competent Person Trenching and Excavation Training
- ☐ Dangerous Goods Shipping
- ☐ Site-Specific Training, Specify: \_\_\_\_\_
- ☐ Pre-entry training for emergency response skilled support personnel.
- ☐ Other: \_\_\_\_\_

## 7. MEDICAL SURVEILLANCE REQUIREMENTS

- ☒ Baseline physical examination with physician certification.
- ☒ Annual physical examination with physician certification.
- ☒ Two-Year DOT physical examination with physician certification (DOT card).
- ☒ Annual Fit Test
- ☐ Site-specific medical monitoring protocol, Specify: \_\_\_\_\_
- ☐ Asbestos worker protocol.
- ☐ Exempt from Medical Surveillance, Specify Reason: \_\_\_\_\_
- ☐ Examination required in the event of chemical trauma or exposure.

## 8. CHEMICAL HAZARDS TO PERSONNEL

*The following chemicals are known or suspected to be at this site:*

Chemical Contaminates of Concern		Hazardous Material brought on-site by Contractors	
Chemical Name	Concentration	Chemical Name	Quantity
Thermoplastic Polyolefins (TPO's) and unknown by-products of incomplete combustion from facility fire.	Unknown, however 4 pallets each with 45 four gallon pails may have been involved in fire	<input checked="" type="checkbox"/> Alconox	1 quart
		<input checked="" type="checkbox"/> Fuel (gasoline)	5 gallons
		<input checked="" type="checkbox"/> MultiRae (Combo Cal. Gas)	(34 Liters)
		Hydrogen Sulfide	25 ppm
		Methane	50% LEL
		Carbon Monoxide	50 ppm
		<input checked="" type="checkbox"/> Isobutylene (Cal. Gas)	100 ppm (17 liters)
		<input type="checkbox"/> Hydrogen Cyanide (Cal. Gas)	10 ppm, (58 liters)
		<input checked="" type="checkbox"/> Methane (Cal. Gas)	100 ppm (17 liters)
		<input type="checkbox"/> Hydrogen (for FID)	2 kg

### Web Links

1. NIOSH Pocket Guide (Electronic Version) - <http://www.cdc.gov/niosh/npg/npgname-a.html>
2. Vermont SIRI MSDS Collection - <http://hazard.com/msds/>
3. J.T. Baker/Mallinkrodt MSDS Collection - <http://www.mallbaker.com>
4. NIOSH Chemical Safety Cards - <http://www.cdc.gov/niosh/ipcsneng/neng0000.html>
5. North American Emergency Response Guide (Material Search) - <http://hazmat.dot.gov/pubs/erg/psnsort.htm>
6. North American Emergency Response Guide (ID Number Search) - <http://hazmat.dot.gov/pubs/erg/unidum.htm>
7. North American Emergency Response Guide (Isolation Distances) - <http://hazmat.dot.gov/pubs/erg/greenpgs.htm>

**Additional Links**

1. U.S. Environmental Protection Agency - <http://epa.gov>
2. U.S. Environmental Protection Agency OSC Home Page - <http://www.epaosc.net>
3. OSHA - <http://www.osha.gov>
4. National Atmospheric Release Advisory Center (NARAC) - <http://narac.llnl.gov/>

Attach information obtained from any of the above references immediately after this page.

**Thermoplastic PolyOlefin (TPO)** is a trade name that refers to [polymer](#)/filler blends usually consisting of some fraction of PP ([polypropylene](#)), PE ([polyethylene](#)), BCPP (block copolymer [polypropylene](#)), rubber, and a reinforcing filler. Common fillers include, though are not restricted to talc, fiberglass, carbon fiber, [wollastonite](#), and MOS (Metal Oxy Sulfate). Common rubbers include EPR ([Ethylene propylene rubber](#)), [EPDM](#) (EP-diene rubber), EO (ethylene-octene), EB (ethylene-butadiene), SEBS (Styrene-ethylene-butadiene-styrene). Currently there is a great variety of commercially available rubbers and BCPP's.

## 9. SITE SAFETY BRIEFINGS/MEETINGS

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- All personnel shall be provided with an initial and daily site safety briefing to communicate the nature, level and degree of hazards expected on site.
- All personnel will also receive briefings when significant changes in site conditions occur and the Health and Safety Plan will be revised accordingly.

## 10. EMERGENCY PROCEDURES

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- In all cases when an on-site emergency occurs, personnel shall not reenter the area or restart work until:
  - ✓ The condition resulting in the emergency has been investigated and has been corrected;
  - ✓ Hazards have been reassessed; and
  - ✓ Personnel have been briefed on any changes in either site operations or the site health and safety plan.
- Emergency Medical Procedures
  - ✓ Contact designated EMT; and
  - ✓ Do **not** attempt to move seriously injured personnel.
- Emergency Fire Procedures
  - ✓ Do **not** attempt to fight fires other than small fires in the early stages of development;
  - ✓ Do **not** take extraordinary measures to fight fires; and
  - ✓ Evacuate to a safe distance and call the fire department.
- Evacuation routes and assembly point(s) should be established locally, and all personnel should be informed of assembly point location during safety briefings.

## 11. COMMUNICATIONS

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- General signals during respirator usage:
  - THUMBS UP – I’m OK/I Agree
  - THUMBS DOWN – I Don’t Agree
  - HANDS ACROSS THROAT – Out of Air/Trouble Breathing
  - GRAB HAND/ARM – Come with Me
  - HANDS ON HEAD – I Need Assistance
- Radio Communications
  - Working – Channel 1
  - Emergency – Channel 2
- Mobile Telephone(s) *(See page 1 and 7)*

### Web Links

1. Hospital Locator - <http://www.hospitaldirectory.com>
2. White Pages - <http://whitepages.com>
3. Yellow Pages - <http://yellowpages.com>
4. Yahoo Maps- <http://maps.yahoo.com>
5. Google Maps- <http://google.com/maps>

Emergency Contact	Location	Telephone Number	Notified
Hospital (Primary)	Munson Medical Center 1105 Sixth <sup>h</sup> St Traverse City, MI 49684	(231) 935-5000	No
Hospital (Secondary)	Munson Urgent Care at Munson Community Health Center 550 Munson Ave Traverse City, MI 49686 Hours (7am – 10pm)	(231) 935-8686	No
Ambulance	Traverse City EMS	911	No
Police	Traverse City Police Department 851 Woodmere Avenue Traverse City, MI 49686	(231) 995-5150/911	No
Fire Department	Traverse City Fire Department 500 W. Front Street, Traverse City, MI 49686	(231) 922-4930/911	No

Does primary hospital have chemical trauma capability? Yes      **Level II Trauma Center**

If no, then where is the closest backup? Enter Back-up Hospital Name Here      Enter Telephone Number Here



## ADDITIONAL EMERGENCY TELEPHONE CONTACTS

Contact	Telephone/Pager Number	Contact	Telephone/Pager Number
R1 OSC Cell Phone	(231) 301-0559	R2 OSC Cell Phone	TBD
START R1 Cell Phone	(231) 499-1151	START R2 Cell Phone	(847) 417-2354
START FSO Cell Phone	Eric Benson (231) 342-0613	START Project Manager	Lori Kozel (586) 524-0613
START Program Manager- Pamela Bayles	(847) 918-4030 (O), (847) 826-8158 (C)	START Alternate Program Manager- Dan Capone	(517) 381-5920 (O), (313) 218-2659 (C)
START Manager- Rick Mehl	(312) 424-3312 (O), (847) 254-6981 (C)	START Manager- Frank Beodray	(440) 239-1978 x104 (O), (440) 336-6360 (C)
START SO- Tonya Balla	(847) 918-4094 (O), (847) 528-2623 (C)	Weston DSM- Ted Deecke	(847) 337-4147 (C)
Weston Med. Consultant- Workcare - Dr. Peter Greaney	call 800-455-6155	Work Care 24-hour Physician	Afterhours (800) 455-6155 push 3
CHEMTREC (Emergency)	(800) 424-9300	CHEMTREC (Non-Emergency)	(800) 262-8200
ATSDR- Dr. Mark Johnson	(312) 353-3436 (O), (312) 307-7415 (C)	EPA Regional Response Center	(312) 353-2318
National Response Center	(800) 424-8802	Utility Markout Services	
National Poison Control	(800) 942-5969	Weston Warehouse- Ralph Milewski	(847) 265-5089 (O), (847) 417-7273 (C)

### 12. DECONTAMINATION PROCEDURES

- ☐ Wet Decontamination      Decontamination Method (s): [Click Here for Options](#)
- ☒ Dry Decontamination
- ☒ All investigative derived waste (IDW) generated will be placed in appropriate containers, labeled and stored on site for eventual disposal.
- ☐ Refer to Attachment A for additional Decontamination Procedures.

Description of site specific decontamination plan: \_\_\_\_\_

Adequacy of Decontamination determined by: [Click Here for Options](#)

### 13. PHYSICAL DESCRIPTION OF SITE

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*Enter the following information if known or complete when known:*

1. Size of site: \_\_\_\_\_ acres/ square feet
2. Distance to nearest residence: \_\_\_\_\_ feet/ miles
3. Nearest waterway: \_\_\_\_\_ Name \_\_\_\_\_ feet/ miles
4. Nearest school: \_\_\_\_\_ Name \_\_\_\_\_ feet/ miles
5. Nearest hospital: \_\_\_\_\_ Name \_\_\_\_\_ feet/ miles
6. Nearest public building: \_\_\_\_\_ Name \_\_\_\_\_ feet/ miles

#### Web Links

1. MSA Response Respirator Selector - <http://msanet.com/response/chemicalsearch.asp>
2. MSA Cartridge Life Expectancy Calculator - <http://webapps.msanet.com/cartlife/>
3. Scott Respirator Selection - <http://www.scotthealthsafety.com/airpur.htm>
4. Kappler Suit Smart PPE Selector - [http://www.kappler.com/techdata\\_main.html](http://www.kappler.com/techdata_main.html)
5. SKC air sampling (for the proper sampling methods and the mediums) - <http://www.SKCinc.com>
6. Wireless Information System for Emergency Responders (WISER) -  
<http://webwiser.nlm.nih.gov/getHomeData.do>
7. DuPont™ SafeSPEC™ - <http://www2.dupont.com/NOWApp/DPPRequestGateway/>

## 14. SITE AIR MONITORING PROGRAM

Action Levels				
These Action Levels, if not defined by regulation, are some percent (usually 50%) of the applicable PEL/TLV/REL. That number must also be adjusted to account for instrument response factors.				
	Tasks	Action Level		Action
<input checked="" type="checkbox"/> Explosive atmosphere	ALL	Ambient Air Concentration	Confined Space Concentration	
		<10% LEL	0 to 1% LEL	Work may continue. Consider toxicity potential.
		10 to 25% LEL	1 to 10% LEL	Work may continue. Increase monitoring frequency.
		>25% LEL	>10% LEL	Work must stop. Ventilate area before returning.
<input checked="" type="checkbox"/> Oxygen	All	Ambient Air Concentration	Confined Space Concentration	
		<19.5% O <sub>2</sub>	<19.5% O <sub>2</sub>	Leave area. Re-enter only with self-contained breathing apparatus.
		19.5% to 25% O <sub>2</sub>	19.5% to 23.5% O <sub>2</sub>	Work may continue. Investigate changes from 21%.
		>25% O <sub>2</sub>	>23.5% O <sub>2</sub>	Work must stop. Ventilate area before returning.
<input checked="" type="checkbox"/> Radiation		< 3 times background 3 times background to < 1 mR/hour   > 1 mrem/hour		Continue work. Radiation above background levels (normally 0.01-0.02 mR/hr) signifies possible radiation source(s) present. Continue investigation with caution. Perform thorough monitoring. Consult with a Health Physicist. Potential radiation hazard. Evacuate site. Continue investigation only upon the advice of Health Physicist.
<input checked="" type="checkbox"/> Organic gases and vapors	All	Concentrations greater than 5 above background  *action level may need to be modified pending review of MSDS or other information obtained		Upgrade to level C
<input checked="" type="checkbox"/> Inorganic gases, vapors, and particulates	All			

## 15. PERSONAL PROTECTIVE EQUIPMENT

### Task # 1

#### Site Survey

Level of Protection	Type of Suit/Coverall	Inner Glove	Outer Glove(s)	Boot Cover	Type of APR Cartridge	Cartridge Service Life (minutes)
TBD	<a href="#">Click Here</a>	<a href="#">Click Here</a>	Nitrile	<a href="#">Click Here</a>	<a href="#">Click Here</a>	

### Task # 2

#### Click Here for Options

Level of Protection	Type of Suit/Coverall	Inner Glove	Outer Glove(s)	Boot Cover	Type of APR Cartridge	Cartridge Service Life (minutes)
<a href="#">Click Here</a>	<a href="#">Click Here</a>	<a href="#">Click Here</a>	<a href="#">Click Here</a>	<a href="#">Click Here</a>	<a href="#">Click Here</a>	

### Task # 3

#### Click Here for Options

Level of Protection	Type of Suit/Coverall	Inner Glove	Outer Glove(s)	Boot Cover	Type of APR Cartridge	Cartridge Service Life (minutes)
<a href="#">Click Here</a>	<a href="#">Click Here</a>	<a href="#">Click Here</a>	<a href="#">Click Here</a>	<a href="#">Click Here</a>	<a href="#">Click Here</a>	

### Task # 4

#### Click Here for Options

Level of Protection	Type of Suit/Coverall	Inner Glove	Outer Glove(s)	Boot Cover	Type of APR Cartridge	Cartridge Service Life (minutes)
<a href="#">Click Here</a>	<a href="#">Click Here</a>	<a href="#">Click Here</a>	<a href="#">Click Here</a>	<a href="#">Click Here</a>	<a href="#">Click Here</a>	

### Task # 5

#### Click Here for Options

Level of Protection	Type of Suit/Coverall	Inner Glove	Outer Glove(s)	Boot Cover	Type of APR Cartridge	Cartridge Service Life (minutes)
<a href="#">Click Here</a>	<a href="#">Click Here</a>	<a href="#">Click Here</a>	<a href="#">Click Here</a>	<a href="#">Click Here</a>	<a href="#">Click Here</a>	

### Task # 6

#### Click Here for Options

Level of Protection	Type of Suit/Coverall	Inner Glove	Outer Glove(s)	Boot Cover	Type of APR Cartridge	Cartridge Service Life (minutes)
<a href="#">Click Here</a>	<a href="#">Click Here</a>	<a href="#">Click Here</a>	<a href="#">Click Here</a>	<a href="#">Click Here</a>	<a href="#">Click Here</a>	

### Site Map and Directions

1. Yahoo Maps- <http://maps.yahoo.com> ;
2. Google Maps- <http://google.com/maps> ; or
3. DeLorme Street Atlas (if not online)

### Hospital Location Map and Directions

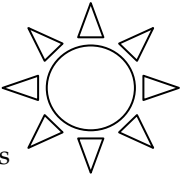
1. Yahoo Maps- <http://maps.yahoo.com> ;
2. Google Maps- <http://google.com/maps> ; or
3. DeLorme Street Atlas (if not online)

## 16. SITE CONTROL MEASURES

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1. No person should enter the site without subscribing to this or another appropriate Health and Safety Plan.
2. The buddy or line of sight system is mandatory for all site personnel.

### Site Map with Work Zones

<p><b><u>Compass Rose</u></b></p> <p>Use Black to indicate North Use Red to Indicate Prevailing Winds</p>		<b><u>Key</u></b>	<div style="display: flex; justify-content: space-around; align-items: center;"><div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">HZ</div><div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">WZ</div><div style="border: 1px solid black; padding: 2px 10px;">Decon</div><div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">SZ</div></div>	<b>Not to Scale</b>

**17. HAZARDOUS WASTE SITE AND ENVIRONMENTAL SAMPLING ACTIVITIES**

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Were Samples Obtained Off Site?   Yes   No                      On Site?   Yes   No

Type(s) of Samples: Air   SW   GW   Drum/Tank   Soil   Sediment   Asbestos   Wipe

Other:\_\_\_\_\_

How obtained: Poly Scoop   Drum Thief/Coliwas   SS Trowel   Split Spoon   Auger   Bailer   Dredge

Bottle Immersion   Pump   Low-Flow Pump   Other:\_\_\_\_\_

Was Lab notified of Potential Hazard Level of Samples?   Yes   No



# 18. AIR MONITORING SUMMARY LOG

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Collected by: \_\_\_\_\_

Please specify where air monitoring data will be documented: ☐ Field Notebook ☐ Field Data Sheets

☐ Air Monitoring Log ☐ Trip Report ☐ Other

Station Location	Multi-RAE	Micro FID	Radiation Meter	DataRAM or PDR	Lumex MVA	Other	Other
Background Readings	____ %LEL ____ %O <sub>2</sub> ____ ppm CO ____ ppm H <sub>2</sub> S ____ ppm VOC	____ ppm	____ μR/hr ____ mR/hr ____ CPM	____ μg/m <sup>3</sup> or ____ mg/m <sup>3</sup>	____ ng/m <sup>3</sup>		
	____ %LEL ____ %O <sub>2</sub> ____ ppm CO ____ ppm H <sub>2</sub> S ____ ppm VOC	____ ppm	____ μR/hr ____ mR/hr ____ CPM	____ μg/m <sup>3</sup> or ____ mg/m <sup>3</sup>	____ ng/m <sup>3</sup>		
	____ %LEL ____ %O <sub>2</sub> ____ ppm CO ____ ppm H <sub>2</sub> S ____ ppm VOC	____ ppm	____ μR/hr ____ mR/hr ____ CPM	____ μg/m <sup>3</sup> or ____ mg/m <sup>3</sup>	____ ng/m <sup>3</sup>		
	____ %LEL ____ %O <sub>2</sub> ____ ppm CO ____ ppm H <sub>2</sub> S ____ ppm VOC	____ ppm	____ μR/hr ____ mR/hr ____ CPM	____ μg/m <sup>3</sup> or ____ mg/m <sup>3</sup>	____ ng/m <sup>3</sup>		
	____ %LEL ____ %O <sub>2</sub> ____ ppm CO ____ ppm H <sub>2</sub> S ____ ppm VOC	____ ppm	____ μR/hr ____ mR/hr ____ CPM	____ μg/m <sup>3</sup> or ____ mg/m <sup>3</sup>	____ ng/m <sup>3</sup>		
	____ %LEL ____ %O <sub>2</sub> ____ ppm CO ____ ppm H <sub>2</sub> S ____ ppm VOC	____ ppm	____ μR/hr ____ mR/hr ____ CPM	____ μg/m <sup>3</sup> or ____ mg/m <sup>3</sup>	____ ng/m <sup>3</sup>		

19. Air Monitoring Instruments Calibration Record

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Instrument, Mfg., Model, Equip. ID No.	Date	Time	Calib. Material	Calib. Method Mfg.'s	Other	Initial Setting and Reading	Final Setting and Reading	Calibrator's Initials

20. SITE HEALTH AND SAFETY PLAN ACKNOWLEDGEMENT

Name (Printed)	Signature	Affiliation	Date

*Disclaimer: This Health and Safety Plan (HASP) was prepared for work under the Superfund Technical Assessment and Response Team (START) Contract EP-S5-06-04. Use of this HASP by WESTON and its subcontractors is intended to fulfill the OSHA requirements found in 29 CFR 1910.120. Items not specifically covered in this HASP are included by reference to 29 CFR 1910 and 1926.*

Comments/Follow Up

**Attachment A**  
**DECONTAMINATION PLAN**  
(If applicable, include additional decontamination procedures,  
e.g. Section 5 from Weston Corporate HASP)